

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS FOR THE PRODUCTION OF A MULTIDIRECTIONAL TEXTILE PREFORM AND PIECE OF COMPOSITE MATERIAL INCORPORATING SAID PREFORM
Attorney Docket Number::	0515-1066
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3B
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
<hr/>	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: OLIVIER
Middle Name::
Family Name:: KERN
City of Residence:: MERIGNAC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 83, AVENUE BON AIR

City of Mailing Address:: MERIGNAC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33700

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JEROME
Middle Name::
Family Name:: BERTRAND
City of Residence:: BORDEAUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 336, AVENUE DU MARECHAL DE LATTRE
DE TASSIGNY

City of Mailing Address:: BORDEAUX
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33200

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: LOIC
Middle Name::
Family Name:: ROUSSEAU
City of Residence:: ST AUBIN DE MEDOC
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: RESIDENCE LES PINS
"LES CATALANS"
City of Mailing Address:: ST AUBIN DE MEDOC
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33160

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: FRANCIS
Middle Name::
Family Name:: HAICAGUERRE
City of Residence:: ST MEDARD EN JALLES
State or Province of
Residence::
Country of Residence:: FRANCE

Street of Mailing Address:: 35, RUE FRANCOIS PEYCHAUD

City of Mailing Address:: ST MEDARD EN JALLES
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 33160

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 10495	8/22/02	Yes

Assignment Information

Assignee Name::
Street of Mailing Address::

City of Mailing Address::
State or Province of Mailing Address::

Country of Mailing Address::
Postal or Zip Code of Mailing Address::